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## EPILOGUE

GEMIND has focussed on practical issues which will aid the general practitioner in establishing the exact description provided by patient/relatives and then ensuring that the episode is indeed a seizure and not syncope or a psychogenic episode.

It is equally important to establish the type of epilepsy to initiate treatment with the most appropriate drug.

Initiation of antiepileptic drug treatment should be done only after due thought. Full and adequate information should be provided to the person with epilepsy and their family members about the risks and benefits of treatment. AED treatment is usually started after a second unprovoked seizure beginning with a single drug and gradual increase of dose till seizure control is achieved or side effects appear. Second drug can be tried as monotherapy with gradual withdrawal of the previous drug. If satisfactory seizure control is not achieved, referral to a specialist for further investigations and treatment is necessary.

Status epilepticus is a serious medical emergency and a detailed protocol has been provided for its management. Extra care is needed for special situations such as women with epilepsy where the type of drugs chosen must safeguard the interests of the mother and foetus. Special care is also needed in treating children and elderly. It should be recognized that for refractory epilepsy, option of surgery needs to be exercised sooner than later. Expertise and infrastructural facilities are available in a few centres in the country.

For the long term management of refractory epilepsy the general practitioner should continue to maintain contact with specialists and the families of PWE. Even a greater role exists for the general practitioner as an integral participant to provide counselling to the PWE and the family members about the nature of the disorder so that myths and misconceptions are dispelled. This will help reduce the stigma attached to epilepsy. Advice about education, employment, and marriage goes a long way in improving the quality of life for people with epilepsy. This in return will lead to a more rewarding relationship with the PWE and his family.

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